

**STATE OF WISCONSIN**  
**DEPARTMENT OF EMPLOYE TRUST FUNDS ATTACHED BOARDS [§§ 15.16 & 15.165, STATS.]**

**EMPLOYEE TRUST FUNDS BOARD • DEFERRED COMPENSATION BOARD • GROUP INSURANCE BOARD**  
**TEACHER RETIREMENT BOARD • WISCONSIN RETIREMENT BOARD**

**LIMITED POWER-OF-ATTORNEY FOR APPEAL**  
**[§ETF 11.03 (9)(a), Wis. Admin. Code]**

<b>My Name</b>	
<b>My Social Security Number</b>	
<b>Appeal case number, if known</b>	

I am a party to an appeal pending before the Employee Trust Funds Board, Group Insurance Board, Deferred Compensation Board, Teacher Retirement Board or Wisconsin Retirement Board. I desire to be represented in those proceedings by a person who is not an attorney at law in the State of Wisconsin. Accordingly, I hereby appoint the following identified person as my attorney-in-fact with the limited powers described below:

<b>Name of Attorney-In-Fact</b>	
<b>Street Address</b>	
<b>P.O. Box, if any</b>	
<b>City, State &amp; Zip Code</b>	
<b>Weekday Telephone</b>	

My attorney-in-fact named above is authorized to act in my stead and to bind me in all matters involving the appeal with the same authority and effect as I personally possess. This includes, without limitation, receiving notices, appearing in my place at pre-hearing conferences or hearings, examining and cross-examining witnesses, raising and waiving issues, arguments and objections, filing briefs, executing any stipulation of facts and agreeing to any settlement.

The powers granted hereby do not include any other matter outside the pending appeal and do not include any authority to execute any application or beneficiary designation for any benefit under ch. 40 Wis. Stats., to which I am or may become entitled.

This is not a durable power-of-attorney and shall expire two years from the date it is signed unless sooner revoked by me in writing or revoked by reason of my death or incompetency. The Department of Employee Trust Funds, Employee Trust Funds Board, Group Insurance Board, Deferred Compensation Board, Teacher Retirement Board or Wisconsin Retirement Board and any court reviewing this appeal may rely upon the original of this power-of-attorney until receipt of its revocation by me or express, written notice of my death or incompetency.

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED